

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,432

FILING DATE

9-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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28			1			
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30				1		
31				1		
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35			1			
36				1		
37				1		
38				1		
39				1		
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41				1		
42			1			
43				1		
44			1			
45				1		
46						
47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						